Patent 444-818

Patent Attorney's Docket No. 024444-818

.170	FFI	IN THE UNITED STATES PATEN	IT AND TRADEMARK OFFICE							
& TRADE	MAR	etant Annlication of	\							
111	re Pa	atent Application of) [·]							
Aı	nders	s JONSSON et al.) Group Art Unit: 1775							
Aj	pplica	ation No.: 09/652,026	Examiner: A. Turner							
Fi	led:	August 31, 2000)))							
Fo		COATED GROOVING OR PARTING INSERT AND METHOD OF MAKING SAME	TO TO THE REPORT OF THE PARTY O							
	AMENDMENT/REPLY TRANSMITTAL LETTER									
	Assistant Commissioner for Patents Washington, D.C. 20231									
Sin	r:									
	Enclosed is a reply for the above-identified patent application.									
	[] A Petition for Extension of Time is also enclosed.									
	[X] A Terminal Disclaimer and a check for [] \$55.00 (248) [X] \$110.00 (148) to cover the requisite Government fee are also enclosed.									
	[]	Also enclosed is								
	[] Small entity status is hereby claimed.									
	[] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$355.00 (279) [] \$710.00 (179) fee due under 37 C.F.R. § 1.17(e).									
		[] Applicant(s) previously submitted _ requested.	, on, for which continued examination is							
	[]	[] Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.								
	[]	A Request for Entry and Consideration (146/246) is also enclosed.	of Submission under 37 C.F.R. § 1.129(a)							
	[X]	No additional claim fee is required.								

[] An additional claim fee is required, and is calculated as shown below:

		AMENDED	CLAIMS		
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		× \$18.00 (103) =	
Independent Claims		MINUS =		× \$80.00 (102) =	
If Amendment adds m	ultiple depende	ent claims, add \$270	.00 (104)		
Total Amendment Fee					
If small entity status is	claimed, subt	ract 50% of Total A	mendment Fe	e	II.
TOTAL ADDITIONA	AL FEE DUE	FOR THIS AMEN	DMENT		C
[] A claim fee	in the amoun	t of \$	is enclosed.	700	
[] Charge \$	to I	Deposit Account N	o. 02-4800.		U

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Scott W. Cummings

Registration No. 41,567

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: August 17, 2001